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MAVETY

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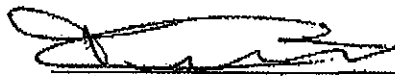
**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

WITHDRAWAL OF CLAIM

Debtor Name and Case Number:	<input checked="" type="checkbox"/> X Motors Liquidation Company, Case No. 09-50026 <input type="checkbox"/> MLC of Harlem, Inc., Case No. 09-13558 <input type="checkbox"/> MLCS, LLC, Case No. 09-50027 <input type="checkbox"/> MLCS Distribution Corporation, Case No. 09-50028 <input type="checkbox"/> Remediation and Liability Management Company, Inc., Case No. 09-50029 <input type="checkbox"/> Environmental Corporate Remediation Company, Inc., Case No. 09-50030
Creditor Name and Address:	Breana Mavety 804 WESTMINSTER RD TRAVERSE CITY, MI 49686
Claim Number (if known):	64622
Date Claim Filed:	11/30/2009
Total Amount of Claim Filed:	\$0.00

I, the undersigned, am the above-referenced creditor, or an authorized signatory for the above-referenced creditor. I hereby withdraw the above-referenced claim and authorize the Clerk of this Court, or their duly appointed Claims Agent, to reflect this withdrawal on the official claims register for the above-referenced Debtor.

Dated August 4, 2010



Print Name: Tami Mavety

Title (if applicable): Mother

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Approved, SCAD

JIS CODE: LOG

STATE OF MICHIGAN
PROBATE COURT
GRAND TRAVERSE COUNTY
CIRCUIT COURT - FAMILY DIVISION

LETTERS OF GUARDIANSHIP OF
INDIVIDUAL WITH
DEVELOPMENTAL DISABILITY

FILE NO.
09-30,506 DD

In the matter of BREANA LYNN MAVETY, an individual with a developmental disability

TO:

Name, address, city, state, and zip
TAMI JO MAVETY
804 WESTMINSTER ROAD
TRAVERSE CITY, MI 49686
(231) 995-9558

You have been appointed and have qualified as ☐ partial guardian ☒ estate of the ☒ person of the individual
☒ plenary guardian of the individual
named above. By this instrument you are granted authority to perform all acts permitted or required by statute, court rules, and
order of this court unless limited below.

☐ The guardian's authority is limited to those acts specifically set forth below:

The order appointing you as guardian expires on _____ Date

Date

Judge

Bar no.

Attorney name (type or print)

Bar no.

Address

City, state, zip

Telephone no.

SEE NOTICE OF DUTIES ON SECOND PAGE

I certify that I have compared this copy with the original on file and that it is a correct copy of the whole of such original, and on this
date, these letters are in full force and effect.

Date

Deputy probate register/clerk

Do not write below this line - For court use only
The Probate Court for Grand Traverse County, Michigan, hereby certifies that I
have compared this copy with the original on file in this Court & that
it is a correct copy of the whole of such original.

Date

Clerk/Dep Reg /Register

MCR 5.202, MCR 5.402(D)

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Approved, SCAO .

JIS CODE: OAG

STATE OF MICHIGAN
PROBATE COURT
GRAND TRAVERSE COUNTY
CIRCUIT COURT - FAMILY DIVISION

ORDER APPOINTING GUARDIAN FOR
INDIVIDUAL WITH A
DEVELOPMENTAL DISABILITY

FILE NO.
09-30,606 DD

In the matter of BREANA LYNN MAVETY, an individual with a developmental disability

1. Date of hearing: 07/21/2009 Judge: DAVID L. STOWE P-29684
Bar no.

2. Findings of fact are more fully stated on the record regarding the individual's nature and extent of general intellectual functioning, extent of impairment of adaptive behavior, capacity to manage his/her estate and financial affairs, and capacity to care for self by making and communicating responsible decisions concerning his or her person.

THE COURT FINDS:

3. Notice of hearing was given to or waived by all interested parties.

4. ☐ a. The individual was present at the hearing.
☐ b. The individual was not present at the hearing. His/her presence was excused upon showing by testimony and affidavit of
a ☐ psychologist, ☐ physical
☐ physician, that the individual's attendance would subject him/her to serious ☐ emotional harm.

5. Testimony was given by the person who prepared the report or person who performed an evaluation serving, in part, as the basis for the report.

6. Upon the presentation of clear and convincing evidence and ☐ with ☒ without the verdict of a jury, the individual is an individual with a developmental disability and requires guardianship services.

7. The individual named above is ☒ totally ☐ partially without capacity to care for his/her ☒ person ☐ estate as to the following necessary tasks, responsibilities, or judgments but is otherwise legally competent and has the capacity to perform in other areas.

8. The most appropriate and the least restrictive living arrangement suited to the individual's condition is IN HER PARENTS' HOME.

☐ The individual presently resides in the following facility: _____

9. A reasonable effort was made to question the individual and he/she indicated
☐ no preference as to who should be appointed guardian.

☒ that he/she preferred Tami Jo Mavesty to serve as guardian
and William Mavesty as standby guardian.
Name (type or print) Name (type or print)

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

MCL 330.1017, MCL 330.1818, MCL 330.1620, MCL 330.1623, MCL 330.1626

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- ☐ 10. There is no qualified, suitable individual or agency willing to act as guardian and the appointment of an agency directly providing services to the individual is necessary at present.
11. A reasonable effort was made to orally inform the individual of his/her right to request the guardianship to be dismissed or modified at any time. A written notice of these rights was also served on him/her.
12. Other: _____

IT IS ORDERED:

13. The petition is ☒ granted. ☐ denied on the merits. ☐ dismissed/withdrawn.

☒ 14. **TAMI JO MAVETY**, whose address and telephone number are
Name (type or print)
804 WESTMINSTER ROAD, TRAVERSE CITY, MI 49686 (231) 995-9558
Address City State Zip Telephone no.

is appointed

- ☒ a. plenary guardian of the ☒ individual ☐ estate until further order of the court

and shall qualify by filing ☐ an acceptance of appointment,
☐ a bond in the amount of \$ _____.

- ☐ b. partial guardian of the ☐ individual ☐ estate for the term of _____ years

and shall qualify by filing ☐ an acceptance of appointment,
☐ a bond in the amount of \$ _____, and shall have only the following powers:

The individual retains all legal and civil rights except those which have been specifically granted to the partial guardian. After qualification, the guardian shall comply with all relevant requirements under the law.

- ☐ 15. The guardian is authorized to execute an application to admit the individual named above to

Name of facility _____
☐ 16. **WILLIAM JACK MAVETY**, whose address and telephone number are
Name (type or print)
804 WESTMINSTER ROAD, TRAVERSE CITY, MI 49686 (231) 649-1464
Address City State Zip Telephone no.

is appointed standby guardian. In case of death, incapacity, or resignation of the initially-appointed guardian or an emergency situation during the absence and unavailability of the initially appointed guardian, the standby guardian shall file

- ☒ an acceptance of appointment
☐ bond in the amount of \$ _____
and shall assume the powers and duties of the initially-appointed guardian.

Date

Judge

Attorney name (type or print)

Bar no.

Address

City

State

Zip

Telephone no.